

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Klaus MOELLER et al. Conf. No.: 1155
Appl. No.: **10/646,734** Group: 2632
Filed: August 25, 2003
For: NETWORKED SOUND MASKING AND PAGING
SYSTEM

PRELIMINARY AMENDMENT

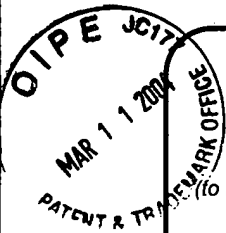
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

March 11, 2004

Sir:

The following preliminary amendments and remarks are respectfully submitted in connection with the above-identified application. Prior to examination of the present application, please consider the following

Amendments to the Claims begin on page 2 of this Preliminary Amendment.

Please type a plus sign (+) inside this box → ☐

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/646,734
		Filing Date	August 25, 2003
		First Named Inventor	Klaus MOELLER et al.
		Group Art Unit	2632
		Examiner Name	Unknown
Total Number of Pages in This Submission		Attorney Docket Number	23390-000121/US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="text-align: center;">Preliminary Amendment</p>
Remarks <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Gary D. Yacura	Reg. No.	35,416
Signature					
Date	March 11, 2004				

CERTIFICATE OF MAILING/TRANSMISSION

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